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Doing ‘ethics work’ together: Negotiating service users’ independence in community mental health meetings

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Abstract

This article develops the concept of ‘ethics work’ (Banks [2016] “Everyday Ethics in Professional Life: Social Work as Ethics Work.” *Ethics and Social Welfare* 10 (1): 35–52) from a focus on efforts made by professional practitioners, to a domain co-constructed with service users and others. It takes an ethnomethodological approach to examining verbatim interactions in review (multi-party) meetings concerned with reviewing progress and making decisions about service users in community mental health settings in England and Finland. Hitherto, illustrations of ethics work have been based on interviews and practitioners’ narrative accounts of ethical features of their practice. Drawing on the everyday, micro-level ethics of social welfare practice, this article demonstrates the “doing of ethics” in real-life situations, thus widening the applicability of “ethics work” as an analytical concept. Extracts from two meetings are discussed, both focussing on the ethical challenges of supporting service users to exercise autonomy and lead independent lives, while also protecting them from harm and respecting their own wishes and choices. While this is a classic ethical tension in social welfare work worldwide, it is also exacerbated in the current austerity regimes in many countries of the global North as resources for welfare decline and service users and carers are “responsibilised” and required to become more self-sufficient. Our analysis shows the significant ethical content in review meetings, as various professionals, service users and family members review progress and negotiate plans together.

Key words: ethics work, social welfare work, review meetings, service users, community, mental health

Introduction

Within social welfare work, a key focus of professional ethics is on the attitudes and actions of practitioners towards service users, particularly how practitioners support and advance service users' independence and autonomy (Banks and Williams 2005, 1005). Occasionally, however, professionals may judge it ethically right to limit service users' wider independence and autonomy in order to safeguard their well-being or enhance autonomy in specific areas of their lives (Juhila and Raitakari 2010). The 'right amount' of independence cannot be prescribed by codes or ethical principles, but is negotiated in everyday practice (Banks 2013, 597).

Service users' independence is particularly salient in the field of community mental health, where practices involve enacting or constraining people's responsibilities and rights, identifying and supporting needs, as well as judging conduct and character (Brodwin 2013; Raitakari et al. 2017). Since community settings are seldom straightforward or rule-bound, workers are constantly negotiating and reinterpreting ethical responsibilities and actions "in the midst of the messiness and limitlessness" of practice (Shevellar and Barringham 2016, 182; Måseide 2011; Saario et al. 2017). Many of these ethical negotiations are most visibly carried out in review meetings, where different stakeholders convene to discuss, direct and assess service users' coping and well-being in the community.

In this article, interaction in review meetings is studied to illustrate how participants accomplish 'ethics work' (Banks 2016) in situ, when negotiating plans and decisions concerning service users' independence. Commonly the empirical study of ethical issues in social work draws on interviews with practitioners, with 'ethics' understood as relating to their character/moral qualities or obligations to follow particular codes and principles in everyday practice (e.g. Austin et al. 2003, 2005). However, our approach is based in empirical research on professional interactions, examining how people jointly negotiate and make sense of ethical issues in professional life (e.g. Juhila and Raitakari 2010; Räsänen and Saario 2017). The article draws on recordings of naturally occurring interactions in 16 review meetings in community mental health settings in England and Finland.

Review meetings are institutional, interactional practices where welfare workers, service users and other stakeholders (such as psychiatrists and service users' family members) orient to and negotiate various everyday practical and ethical issues. Drawing on ethnomethodology (Garfinkel 1967), we concentrate on meeting participants' accounts and

descriptions by means of which they produce and make intelligible for each other their conduct, beliefs and judgements (Juhila, Mäkitalo and Noordegraaf 2014, 13, ref. Jayyusi, 1991, 234). This resonates with the notion of ‘situated ethics’ whereby ethical issues are seen as embedded in everyday practices (Banks 2011, 2016; Banks and Williams 2005). Thus meeting interactions illustrate the everyday, micro-level ethics of social welfare work based on service user and worker conversations, and how this interplays with the macro-level ethics of social and institutional policies in the community mental health field (see Banks, 2016 for the concept of ‘everyday ethics’; Truog et al, 2015, for ‘microethics’).

By concentrating on multi-party meeting talk we aim first to broaden the individualistic orientation of many empirical studies of professional ethics to explore ethical issues as produced and negotiated in interaction. In this we draw on studies focussing on decision-making at the interactional level between professionals and clients, such as how workers involve clients (Hitzler and Messmer 2011) and how workers appeal to institutional norms and frameworks (Dall & Sarangi 2018) in the decision-making processes.

Secondly, we aim to widen the scope of ‘ethics work’ from its characterisation as effort on the part of professionals (Banks 2013, 2016; Räsänen and Saario 2017) to a domain co-constructed with service users. The review meeting data enable us to capture how ethics work is simultaneously undertaken by various professionals, service users and, sometimes, family members. We show how service users’ ways of positioning themselves in meeting interaction and expressing their wants and needs are essential parts of the ethics work accomplished in the meetings. So far, ethics work as joint constructions between service users and professionals remains under-studied. This article aims to demonstrate the “doing of ethics” by both workers and service users in real-life situations, and thus to widen the applicability of “ethics work” as an analytical concept.

Methodology and study design

Context: supported housing services in Finland and England

In this article we draw on data from research in two supported housing services organised by non-governmental organisations (NGOs) in Finland and England. Both services are intended for people with mental health problems, and support service users to cope with problems relating to their health and everyday lives, including helping with maintaining tenancies, managing finances and developing life skills. Housing and housing-related support are combined, so service users live on the service-providers’ premises. As a part of local

community care, the NGOs are set up within the policies of deinstitutionalisation in both countries (Fakhoury and Priebe 2002; Häkkinen and Lehto 2005). They are funded through central and local government funding, with the NGOs regularly tendering for service contracts. This leads to fixed-term contracts for the service-providers, and living arrangements for service users premised on expectations of recovery and movement towards less intensive support services (Hall et al. 2017; Saario et al. 2017). The position of the services as contracted provision becomes visible in the review meetings organized in both settings. The movement of service users towards more independent living is a key institutional goal, often addressed in the meetings as creating ethical challenges: service users should be ‘pushed’ and encouraged to be as independent as possible, but this endeavour also includes risks.

The Finnish project is for young people with severe mental health illness. A three-month supported housing period is offered, combined with intensive psycho-educational training, aiming to strengthen service users’ own coping abilities (Official brochure of Finnish project 2012). Hence, questions of service users’ independence and social relations (such as living arrangements and the role of family members) are regular meeting topics. The English unit is for single adults with various mental health problems. The service users can stay up to two years, with the aim of enabling them to move into more independent or other appropriate accommodation and improve access to education, training and employment (Official brochure of English unit 2013). Consequently, these aims for community integration are echoed in meeting discussions.

Data: review meetings as arenas for assessment and planning

Data comprise 16 audio-recorded review meetings (six English and 10 Finnish). Two authors participated in observing and recording the meetings. Following the ethical guidelines for social research in Finland and the UK, all participants were informed about the study in advance and authors participated in meetings where everybody gave consent. At the beginning of the meetings, participants were briefly re-informed about the study and signed consent forms. Data derive from the research projects *Responsibilisation of Service Users and Professionals in Mental Health Practices*, funded by The Finnish Academy in 2011–2016.

All meetings are arenas for institutional talk, where different tasks and goals are fulfilled (Juhila, Mäkitalo and Noordegraaf, 2014, 9). The core functions are assessment and planning: participants review the situation, coordinate the services provided, and plan forthcoming

interventions and the service user's life in general (Hall et al. 2017, 133–134). Meetings aim for consensus among participants regarding future courses of action. Furthermore, meetings are arenas to ensure procedures are being followed correctly and key values and purposes, such as promoting service users' independence and safeguarding risks, are being upheld (see also Hall et al. 2017). Supporting the autonomy of service users versus protecting them from harm is a common ethical tension in many contexts of social welfare work. Thus the analysis of mental health meetings is relevant to other inter-professional contexts where the accomplishments of decision-making are analysed, for example in care planning meetings of residential care (Hitzler & Messmer 2010) and in rehabilitation team meetings of unemployment services (Dall & Sarangi 2018).

Review meetings are arranged for service users currently living within supported housing services. All service users have complex needs, and use other services besides supported housing. The meetings gather together both service-based and informal reviews around service users: workers from supported housing services, collaborating professionals from other social and health agencies, the service user and, occasionally, the service user's family members. Participants often have slightly different views and responsibilities. The question of service users' independence frequently arises as a theme about which there may be different opinions.

Typical topics in review meetings comprise everyday practical issues related to the lives of mental health service users: coping with household chores and everyday activities, medication taking, the amount of support and services, and finding suitable living arrangements. The Finnish meetings are less structured, as the conversations are not directed by the completion of administrative forms. Instead, meetings are organized around three main themes developed by the project staff and the NGO personnel: a) the service user's situation and progress in the project so far; b) possible difficulties; c) future aims and plans. The English meetings are more strictly structured around particular forms. Some meetings utilize the NGO's internal forms on needs assessments and service user interview schedules, while other meetings (including the English meeting analysed in this article) proceed on the basis of a care plan review form that is part of the national Care Programme Approach (Simpson et al. 2003). The form addresses themes such as changes since the last review, overall aim of the care plan, assessed needs, strengths, services provided, and proposals for service development. The form also includes the views of service users and carers, as well as recommendations of care co-ordinators. Despite these structural differences that affect the

flow of interaction and agenda of the meetings, similar issues regarding service users' independence are raised in both agencies.

Analytical approach: the concept of 'ethics work'

We use *ethics work* as an analytical concept to uncover how ethics is talked into being in meeting interaction. Banks (2013, 599–600) notes that ethics work includes “the process of practical reasoning in situations where issues of harm, benefits, rights and responsibilities arise.” Ethics work involves people aspiring to accomplish “various responsibilities and actions of ethical import” (Banks 2016, 3). The concept of ethics work was originally introduced by Banks (2009), who defines it as:

“the effort that people put into seeing ethical aspects of situations, developing themselves as good practitioners, working out the right course of action and justifying who they are and what they have done.” (Banks 2013, 599–600; see also Banks 2016, 11)

Banks analyses ethics work in terms of several over-lapping elements: work on framing, roles, emotion, identity, reason, relationships and performance (Banks 2016). In relation to the data discussed here, we draw primarily on ethics work as *performance work that includes and also requires first and foremost reason and role work*. In performance work, people demonstrate themselves “doing the ethics work” to other participants by various communicative means. Reason work and role work involve displaying oneself to others in a certain way (Banks 2013, 600–601). Thus, these elements are more visible and can be identified when analysing talk and interaction in more detail, particularly in meetings that involve people having to make plans and decisions and take on certain roles.

Performance work is crucial in review meetings where participants aim to display themselves as convincing ethical actors to one another. For example, for professionals it is important to know how to give plausible performances as trustworthy or caring people (Banks 2016, 11). For service users it is crucial that they are able to display themselves as competent meeting participants, capable of taking part in deciding the right course of action in ethically challenging situations.

Reason work points to how participants describe and make sense of their actions by justifying their opinions and (plausible) decisions as a part of their meeting performances. Reason work is traditionally associated with professional ethics and is made visible as people have to justify and argue for assessments, positions and recommendations. Reason work is important especially for professionals who work with different service users and attend to a

range of meetings, each time facing expectations to see all sides of the changing situations and to take into account different perspectives (Banks 2013, 601, 2016, 9). Service users and family members also engage in reason work, when they justify and explain their points of view and actions.

‘Ethics work performances’ in meetings are also closely connected to *role work*. This includes enacting the specific roles participants assume for themselves in a given situation, for example acting as the chair of the meeting and, in that role, responding to and acting in relation to other participants’ expectations (Banks 2016, 3). Professionals’ roles can shift during meetings, for example from advocate to assessor, and their positions in relation to service users can move from close to more distant, for example (Banks 2009, 600). Service users also perform various roles as meeting participants, for example acting as active and allying or passive and resisting (see also Juhila, Mäkitalo and Noordegraaf, 2014).

Analysis: Identifying ethics work in review meetings

At first reading of the meeting transcripts, we noted that the issues of harm, benefits, rights and responsibilities that require and trigger ethics work frequently arose, making ethics work seem to be present in almost all meeting talk. As Banks (2016, 12) notes, “in observing everyday professional life as it unfolds, the researcher has a bigger challenge. In one sense the whole of everyday life is about ethics (ethics is everywhere), in another sense none of it is (ethics is nowhere in particular)”. After several discussions among the authors, we concluded that ethics work can be most effectively identified in meetings when ethically problematic situations are dealt by the participants in interaction. Sometimes these are presented by participants in a dilemma format, as a choice between two equally unwelcome alternatives, when it is not clear what to do. Ethical dilemmas often require a justification or an identifying/naming of an ethical issue (e.g. “we have to choose between increasing or decreasing the amount of support”). Furthermore, dilemmas often arise over role positions, for example, between being a carer or controller, thus highlighting ethical dimensions (Banks 2016, 7). However, it is important not to characterize all ethically difficult decision-making as dilemmatic.

In the extracts presented here, participants rarely articulate their choices or decisions explicitly in dilemma format. More commonly they face *ethical problems*. Banks (2012, 19–20) distinguishes ethical problems and dilemmas, with ethical problems occurring when the right course of action is clear, but it is difficult to implement as some people’s rights might be infringed or harm might occur. For example, in Extract 2, the professionals, parents and

service user all know what is the right course of action (promoting the service user's independence), but they have to work with the resistance of service user. Other types of ethical challenges can also be identified, including *ethical paradoxes* (when an apparently unacceptable conclusion is reached by apparently acceptable reasoning from apparently acceptable premises, see Sainsbury, 1995) and *ethical disagreements* (when people express conflicting opinions on ethical matters, see Tersman 2006). In Extract 1, the chair of the meeting sees the situation under discussion as paradoxical. Here support workers, whose brief is to encourage service user independence, are proposing plans to protect a service user from financial exploitation, which will lead to making her less independent. In both examples we see ethical disagreements about what is the right course of action.

Data analysis was conducted by systematic coding of meeting transcripts using qualitative data analysis software AtlasTi. First, we located all sequences that included multi-party talk, where ethical issues were judged to be at stake. By this we mean instances where more than two participants address matters of harms, benefits, roles and responsibilities and negotiate the right course of action or justify their opinions (119 instances). Accordingly, we included instances where at least the service user, two workers, and/or family members are talking, and ruled out one-to-one dialogues. That is because we are interested in scrutinising ethics work in multi-party interaction. From the 119 multi-party instances we selected for a closer analysis those that included some evidence of ethical tension, related mostly to living arrangements and details of support (31 instances). While examining these instances we noted that most of the tensions featured some aspect of service users' independence. To capture ethics work in interaction as distinctly as possible, we finally narrowed our focus to instances where there seemed to be an ethically challenging situation and participants were expected to make difficult decisions and reach consensus (10 instances). These tended to involve discussions of living arrangements and types of support in everyday life, such as money matters, socialising or household chores. We chose extracts from two meetings for a detailed analysis, which we feel illustrate particularly well *how meeting participants perform ethics work in two different types of ethically challenging situations, when negotiating matters concerning service users' independence*. Since ethics work is always situated and is realised in negotiations between stakeholders, the analysis of it should be based on rather long sequences of conversations. However, we argue that the kind of ethics work accomplished in the chosen extracts is not an exceptional practice, but part of everyday work in community mental health, where service users' dependency versus independency is regularly assessed and reviewed.

In the following analysis we utilise and combine conceptual elements of ethics work (especially performance work as reason and role work) with ethnomethodological orientation (by scrutinising turn-by-turn interaction and participants' accounts). In particular, attention is paid to participants' joint ethics work and the positioning of service users in interaction. It is not only the professionals, but also service users and their family members who encounter and tackle ethical issues in meetings. We assume all parties are involved in trying to construct the best possible, ethical solutions in these difficult situations.

Illustrations: Joint ethics work in planning and decision-making concerning service users' independence

The first example (1) illustrates ethics work when negotiating the balance between supporting a service user's financial independence and protecting her from exploitation. The second example (2) describes ethics work when negotiating how a service user can be supported to move towards more independent living arrangements.

1. Negotiating between the service user's financial independence and protection from harm

The first example is from a meeting set up to review a service user's care plan in England. The service user, Sophie, is a middle-aged woman living in a supported housing unit due to her long-term mental health problems. The meeting is chaired by a team manager from the local community mental health team. Other professionals include the housing support worker (HSW) from the supported housing unit, the community support worker (CSW) who accompanies Sophie to different leisure activities, and the psychiatrist from the local community mental health centre (who remains silent during the extract). At this point, participants are negotiating the possibility of assigning appointee ship, which would involve Sophie's finances being managed by the local authority. Instigating an appointee ship is an ethically challenging course of action: while protecting the service user from various risks, such as not having enough money for food or being financially abused, it also diminishes the service user's independence to manage her finances. This is a good example of the paradoxes that underpin social welfare work (see Weinberg 2016, although her account of what counts as a paradox is slightly different to that given above).

Prior to the extract below, professionals praised Sophie for paying her bills punctually. HSW informed the chair that Sophie's regular social worker (who is off sick) is in the process of applying for a new benefit that will substitute Sophie's income support. At this point, CSW introduces the topic of Sophie's appointee ship.

Extract 1a¹

1. COMMUNITY SUPPORT WORKER: And also Olivia [talking to the chair whose name is Olivia], [name of the absent social worker] and Sophie have both agreed that Sophie may be put on appointee ship.
2. HOUSING SUPPORT WORKER: Yeah.
3. COMMUNITY SUPPORT WORKER: But just due to her managing skills, her managing her money.
4. CHAIR: Well, that sounds a bit contradictory to be honest.
5. COMMUNITY SUPPORT WORKER: It does but.
6. HOUSING SUPPORT WORKER: It's it's been it's it's it's not about paying the bills and everything. It's just at the minute there's a, a friendship, am I okay to speak about this Sophie?
7. SERVICE USER: Hmm.
8. HOUSING SUPPORT WORKER: There's a friendship, but it's at the cost of Sophie financially, but it hasn't had been seen as financial abuse. I think [name of the absent social worker] may have spoken to you about it and it was agreed that appointee ship to speak to Sophie that Sophie agreed to it and that was going ahead. And it's just that this person is a friend but she kind of goes on a bit at Sophie and Sophie, ehm, ends up buying her things or paying for things.
9. CHAIR: Right okay. Do you feel pressured?
10. SERVICE USER: Hmm.
11. CHAIR: And do you feel you can't say no?
12. SERVICE USER: Yeah.
13. CHAIR: Ok, all right, because on the one hand you've got very good evidence that you can manage your money, daily bills etc. So in terms of the local authority taking responsibility for your money and then you then being given money on a regular basis and having your bills paid, it takes away a bit of your independence really.

¹ This is a part of a longer extract previously analysed by Hall, Morriss, and Juhila (2017) from the perspective of choice and risk.

14. SERVICE USER: Hmm.

15. CHAIR: And you've actually got quite a lot of capacity to understand your money apart from this one area.

16. HOUSING SUPPORT WORKER: Well, what's happened on occasions is that Sophie's been left without money.

17. CHAIR: Oh has she?

18. HOUSING SUPPORT WORKER: And not even money for her phone and we've had to get a food parcel.

19. CHAIR: OK OK.

20. HOUSING SUPPORT WORKER: But she still pays her bills.

In this extract, participants are negotiating whether the appointee ship as a new arrangement is the right course of action. First, the support workers (CSW and HSW) jointly present appointee ship as a preferred alternative to solve a perceived problem (turns 1–3). The chair, however, considers the solution “a bit contradictory to be honest” (turn 4), which signals that she seems to see this as a paradoxical situation. Further, the chair challenges the support workers' view that such a restrictive act is justifiable for this particular service user, whom they earlier praised for managing her bills. The chair is taking seriously her coordination role, taking responsibility for ensuring all topics and different views are covered and procedures carried out properly. On the other hand, CSW and HSW are displaying performance and role work, as they present themselves in roles as people who know the service user's situation and have ethical responsibility to ensure her safety in the community as they continue to justify their argument, although with slight hesitation, indicated by their use of “but” and continuing repetition of “it's, it's...” (turns 5 and 6). HSW denies that appointee ship is linked with Sophie's ability to manage her bills, explaining that it relates to a certain friendship that is “at the cost of Sophie financially”. After this, HSW provides yet another justification for appointee ship by informing the chair that Sophie and her regular social worker already discussed and agreed the appointee ship (turn 8). Thus she suggests that the need for appointee ship is based not only HSW's reasoning, but is jointly seen as a reasonable choice.

Until this point, the conversation has been mainly among professionals. This changes in the following turns (9–15) when the chair starts addressing Sophie directly. She continues to perform her responsibilities as a chair to hear all parties, inquiring about the friend that Sophie spends money on. The chair asks Sophie whether she feels “pressured” and unable to “say no” (turns 9 and 11). Sophie answers both questions with a low “hmm” and “yeah”. She

does not take a position of strong participant who would develop the issue further. After these weakly affirming answers, the chair puts the paradoxical situation in words for Sophie: there is evidence that “you can manage your money”, so having that money taken over by local authority “takes away a bit of your independence really”. Here the chair seems to be doing reason work, pointing out the ethical consequences of the planned intervention for the service user’s self-determination and independence. In her next turn (15), the chair emphasises Sophie’s capability to understand her money “apart from this one area”, hence still not fully accepting the option of appointee ship, as she believes this would eventually diminish the service user’s financial independence.

The rest of the conversation (turns 16–20) is again carried out solely among the professionals. The two support workers continue to provide more justifications for the appointee ship, justifying their views based on their familiarity with Sophie’s daily life. They try convincing the chair, giving concrete examples of situations where Sophie was left without money (turns 16 and 17). Their reasoning is based on “everyday evidence” (Saario et al., 2015) about what can happen to Sophie at worst. This seems to alert the chair, as she responds (turn 17) “Oh has she?” Throughout the extract, the support workers upgrade the stages of risk facing Sophie without the appointee ship: starting from a friend taking financial advantage of her, to then being left without money, finally resulting in the need for a food parcel. They show how the situation has escalated with serious consequences. Although the next part of the argument is not made, the point is that Sophie’s independence is actually reduced by having no money for food or her phone. Food parcels indicate dependence.

In this extract, the process of questioning the effect of the intervention in terms of diminishing Sophie’s independence is mostly initiated and prompted by the chair (turns 4, 9, 11). This might arise from the chair’s substituting role for Sophie’s regular social worker, and/or she may also not be up-to-date with Sophie’s situation. In response to the chair’s prompts, the support workers jointly perform justifications based on financial risks (turns 1–3, 5–8, 16, 18, 22). Seemingly contradictory role work is at play the whole time: workers present themselves both as guardians of Sophie’s independence and as protecting her from taking too many risks. Sophie’s role in the conversation is rather passive. She answers questions in a compliant way, waiting for the final decision.

The next extract (1b) follows almost directly from 1a (a couple of turns are omitted where participants discuss safeguarding procedures):

Extract 1b

1. CHAIR: Do you understand what that means in terms of the local authority managing your money?
2. SERVICE USER: (1,5) Ehm (1) I think so.
3. CHAIR: I think we probably need to go over that a bit more really. Yeah. It's your money then you just get support to manage it OK.
4. SERVICE USER: OK.
5. CHAIR: If you wish to take it out then you take it out OK, but you're just encouraged to perhaps budget a little bit more closely really.
6. SERVICE USER: Yeah.
7. CHAIR: They will actually pay all your bills for you but that would be taking away a bit of your independence really.
8. HOUSING SUPPORT WORKER: Yeah.
9. CHAIR: So I think you should put in the plan that it helps you to do what you can do yeah.
10. HOUSING SUPPORT WORKER: Yeah.
11. CHAIR: Really. I think [name of the absent social worker] should talk to her a bit more about that.
12. COMMUNITY SUPPORT WORKER: Yeah. You've been on appointee ship before haven't you, Sophie?
13. HOUSING SUPPORT WORKER: Yeah.
14. CHAIR: Oh, so you do, you're fully aware then.
15. HOUSING SUPPORT WORKER: Yeah and then when we had the meeting, [name of the absent social worker] did go through the appointee ship and what it meant and that's when Sophie agreed to it.
16. CHAIR: Yeah.
17. HOUSING SUPPORT WORKER: So it has been discussed in depth.
18. CHAIR: OK, OK ehm. [moves on to another topic]

In turns 1–7, the chair addresses Sophie again, making sure she is fully informed about the meaning of an appointee ship. As the chair is less familiar with Sophie's situation and is without any first-hand 'everyday evidence', she has to ensure in the meeting interaction that the ethical responsibilities of informing Sophie about different choices and involving her in decision-making are followed. The conversation (turns 1–8) illustrates how the chair orients to her responsibility to make sure that it is the service user that makes an

informed choice, not the workers alone. Sophie's answer "Ehm I think so" (turn 2) is delayed and said in a low voice, which the chair notes as hesitation as she explains the procedure again in detail, repeating some of the same information as before (turns 3, 5 and 7).

HSW participates in the interaction, seeming to take the role of Sophie's spokesperson on turns 8 and 10. When the chair addresses Sophie (by using "you"), HSW responds. When the CSW asks "You've been on appointee ship before haven't you, Sophie?" HSW answers "yeah" (turn 13) on behalf of Sophie, even though CSW addressed Sophie particularly. The role of HSW (as well as CSW in extract 1a) is reminiscent of the role of health care staff described by Seing et al. (2012, 557) where workers act as spokespersons on behalf of service users, who otherwise contribute little to meetings. This can be partly explained by HSW's and Sophie's trust based on their long-term, almost daily, contact in the supported housing unit (noted in researcher's diary from three-month ethnographic fieldwork in the unit).

The rest of the interaction (turns 9–18) is only among professionals. In turn 9, the chair advises what should go in the plan, using the strong moral term 'should': "you should put in the plan ..." This is probably addressed to HSW, who has just replied on Sophie's behalf in turn 8. But the chair goes on to say that what should be put in the plan is "that it helped you to do what you can do ..." The 'you' here clearly refers to Sophie, and the chair's instruction shows her concern to frame the situation as about Sophie's independence. She is demonstrating that she has now accepted the framing of HSW and CSW of appointee ship as positive, but wants the reasons for this to be made clear. In turn 11, the chair coordinates other professionals to proceed with the appointee ship by advising the absent social worker to talk more about the appointee ship with Sophie. CSW responds by conveying an important piece of information that Sophie has been on appointee ship before, with the HSW backing her up (turns 12 and 13). In turns 15 and 17, HSW engages in reason work, further justifying the appointee ship by referring to the previous meeting where Sophie's appointee ship was "discussed in depth", involving the social worker and Sophie herself. At this point, the chair seems convinced about the appointee ship having been jointly discussed in depth and seen as the right course of action. Thus, the paradoxical nature of the situation for the chair becomes settled and consensus is reached among participants (turns 14, 16, 18).

In this example (extracts 1a and 1 b), the service user does not present her own views and wants very openly, but rather takes a role of a listener and bystander. However the minimal responses are crucial, because they allow workers to go on with the interaction agenda. The service user's situation manifests as something that professionals construct, evaluate and

determine. Workers perform active role as meeting participants by giving accounts and justifications as well as informing, advising and encouraging the service user to get involved in the interaction. Workers do reason work in turn-by-turn interaction by questioning; putting forward everyday evidence; ‘arguing’ a case; and justifying their arguments. Overall, the first example demonstrates reason work in a challenging ethical situation in which the service user does not present a strong view, despite the invitations to do so by the chair. In the next example (2) the service user’s position in the meeting interaction is stronger.

2. Negotiating between the service user’s independence and dependence in living arrangements

This example is from a planning meeting in a supported housing project in Finland. The meeting is chaired by the psychiatric nurse (PN). Other participants include 21-year-old Daniel, his mother, and the occupational therapist (OT) from the project. An assistant/practical nurse and Daniel’s father are also present but do not speak in the extract. Before attending the project, Daniel was living with his parents, spending his days isolated in his room, with his computer. The only absence from his parents’ home was his stay in a psychiatric hospital where he was diagnosed with developmental disorder. When Daniel came to the project, an aim was set that he would not move back to his parents’ home. However, Daniel is not keen on this idea, which creates some ethical disagreements in the conversation.

Prior to the extract below, the psychiatric nurse has told the parents that the project workers have been discussing with Daniel that some changes need to be made about his future living arrangements and some activities need to be included in his days. Daniel responds to this:

Extract 2

1. SERVICE USER: They [parents] are always on about that, it’s been five years now I know this litany by heart.
2. PSYCHIATRIC NURSE: Yeah well, it’s been nearly five years, not quite though.
3. OCCUPATIONAL THERAPIST: Well a long time.
4. PSYCHIATRIC NURSE: Yeah, yeah it is. What do you think yourself, Daniel, what would you hope to gain from this project? What should happen?
5. SERVICE USER: Well I don’t know what to say, I suppose I should somehow learn to be independent and start using public transportation.

6. PSYCHIATRIC NURSE: Exactly. What was that you thought about what will happen after the project regarding your living arrangements and in the long run?
7. SERVICE USER: I guess I should get my own place and all from somewhere.
8. PSYCHIATRIC NURSE: And then when you have your own place, so what about those days then?
9. SERVICE USER: I guess there should be some regularity in them.
10. PSYCHIATRIC NURSE: Right. But this is something we can start thinking about and especially those wishes of your own, what sort of regularity it would be and so on. Your own will is obviously just to stay with your parents but then again you said that it won't probably work out. What do you parents think?
11. MOTHER: Yeah [break] well, if he could become independent let's put it this way. He can always visit home. And stay overnight, I'm not saying that, but otherwise you never know if, well it is with every one of us that you can get ill, seriously ill or something like that. This needs to be thought over as we're not getting any younger. I'll be 60 myself and the husband will be 65, so of course it is a worry. Really if he [Daniel] could just live independently and you wouldn't need to worry anymore. The most important thing, or the worst thing would be that we need to continue to worry and to be afraid of how he will manage. It's always on my mind anyway. If not else but somewhere in the back of your head. Thinking constantly if he would only get on in this life.
12. PSYCHIATRIC NURSE: So how about Daniel, now that independence has come up, could you start practising it, baby steps, and even here in the project so that you would spend some weekends here [instead of going home], you would stay here and lead independent living that way? You know we workers only stay here from nine a.m. to one p.m. on Saturdays. And then again on Monday morning. And it looks like there is a maximum of one or two persons [service users] staying on weekends. So you would have a chance to try out independent living.
13. SERVICE USER: But it is not proper independence to be here [in project].
14. PSYCHIATRIC NURSE: It's not but it's anyhow a step towards that, in any case you need to spend Sunday without workers or your parents.
15. SERVICE USER: Do I need to make my own food then?
16. PSYCHIATRIC NURSE: No, if you stay here lunch can be ordered from the hospital [the project takes place in the premises of psychiatric hospital]. And dinners can be prepared here or there are those ready-made things that only require warming up.

17. OCCUPATIONAL THERAPIST: But there is the possibility to **practise** cooking skills.

18. PSYCHIATRIC NURSE: We have been talking with Daniel about cooking and that he could **practise** those skills as a part of the aim of being independent.

Daniel's response on turn 1 implies that the issue of his future living arrangements originated from his parents and is not new: "it's been five years now I know this litany by heart". The workers confirm that living arrangements have been an issue for a long time. Assuming the role of chair, PN asks Daniel (turn 4) and then his parents (turn 10) for their opinions. She says to Daniel "What do you think yourself". PN follows this by asking what would he "hope to gain" from the project (turn 4). This indicates that participating in the project entails the idea of improvement and progress. She frames the question in such a way as to invite Daniel to talk about his own plans and aims. In the same turn she asks an impersonal normative question, "What should happen?" which invites Daniel to stand back from what he "wishes", and consider what would be the best in this situation.

Daniel responds initially that he does not know what to say, but quickly follows this by saying (turn 5): "I suppose I should somehow learn to be independent and start using public transport". "I suppose" indicates he knows the expected answer. He also picks up PN's use of 'should', using it himself. Thus, he goes along with playing the role of a 'good' service user, who knows how he is supposed to act and is familiar with the aims to which he is supposed to be committed. He responds to the impersonal question "what should happen?" in the first person: "I should ...", hence taking personal responsibility as a moral agent. In turn 6 PN reinforces Daniel's answer as correct, giving the workers permission to act in the situation, by saying: "Exactly", then following with another question framed in future talk: "what will happen ... in the long run?" Daniel replies in turn 7 with "I guess" (same construction as 'I suppose' in turn 5) and again uses the moral 'should', "I should get my own place ...", even though PN used the term 'will'. Turns 8 and 9 follow a similar pattern, with a question from PN to Daniel and him replying about what should happen. Daniel's talk makes visible how he is doing reason work about the expected roles and aims in respect of being a 'good' service user and becoming an independent adult. However, he is not fully convinced about the relevance of the expectations, and expresses hesitation and resistance.

On turns 4–10 PN leads Daniel through a sequence of future-oriented questions to have him acknowledge that independence is what he should aim for and is actually the only choice, even if it is not what he currently wants or thinks he is capable of reaching. This

questioning of Daniel and pushing him to give the ‘right answers’ can be understood in relation to the principle of self-determination: workers can only support the service user according to his will and readiness for change. So they need to work with him to develop his readiness. On turn 10, PN reinforces Daniel’s reply with ”Right” and then puts the aims he just described into perspective, as wishes they can start to think of together. After this, PN puts into words the problematic nature of Daniel’s wishes: “Your own will is obviously just to stay with your parents but then again you said that it won’t probably work out”. At the end of turn 10, PN turns to the parents asking: “what do you parents think?” She continues to act according to the role of the chair, asking the views of all participants.

The mother starts to reason and elaborate on the implications of the parents’ expectation of Daniel becoming more independent. According to her, this does not mean Daniel would not be welcome to visit home, but rather there is a need for Daniel to become independent due to their ageing and uncertain health. The expectation of independence is justified by the parents’ weakening ability to fulfil the roles of nurturing parents. The mother is balancing the role of a caring parent with that of an ageing person who has the right to live without parenting responsibilities.

This prompts PN to turn to Daniel, requesting in question format if he could start practising independent living at the unit on weekends. Daniel (turn 13) resists the idea that staying at the unit would be same as independent living. PN accepts Daniel’s interpretation, yet argues that anyhow it is “a step towards that”. Thus, Daniel is taking an active role in the meeting interaction in constructing and reflecting the expected aims and means towards independent living.

Compared with Extract 1, the service user presents his own views and opinions more strongly. The workers try to make sense of Daniel’s wishes regarding his future living arrangements and independence, shifting between understanding his views and questioning them. They try to reason with Daniel about why his desire to live with his parents is not the best choice, considering the parents’ situation and viewpoints. Thus, the workers do reason work, which demands dialogue with different participants with various views, and tackling needs and wants (Banks, 2016: 43). During the interaction, they also take the roles of informers, advisers and encouragers. As a result, the participants find a solution to the disagreement, which involves Daniel practising for independent living, although this is not his first preference. During the course of the conversation, Daniel starts to accept the plan to some extent, ending up changing his view, at least slightly. Yet there is not an optimal solution to this ethically problematic situation.

Conclusions

This article uses the concept of ‘ethics work’ as an analytical tool alongside an ethnomethodological examination of interactions in review meetings in community mental health settings. Our analysis highlights the significant ethical content in review meetings, as various professionals, service users and family members review progress and negotiate future plans together. The chosen extracts of recorded meetings focus particularly on concerns of professionals (and in the second extract also family members) to support service users to lead more independent lives, while also protecting them from harm and respecting their own wishes and informed choices. This is symptomatic of the drive towards service user independence that is currently prominent in many countries in the global North, as state-funded welfare provision is squeezed by financial austerity, resulting in the ‘responsibilisation’ of service users, families and communities (Banks 2011; Juhila et al. 2017). Yet risk aversion, including ensuring protection of the most vulnerable service users and the public from harm, is also very high on the agendas of welfare services. These contradictory pressures lie at the heart of social welfare work, presenting ethical challenges for all professionals and the people with whom they work.

The meeting extracts show the work that has to be put in by professionals (especially those chairing the meetings) to create an ethical process (hearing all voices, convincing service users through reason rather than coercion to move forward) and how this ‘ethics work’ is performed in interaction with service users and other meeting participants. We have developed the concept of ethics work, originally conceived as accomplished by professional practitioners, to include the work of service users and others (e.g. in reasoning, performing certain identities). Ethics work is seen here as a joint project, accomplished through communicative interaction between several parties. Our choice of extracts of recorded meetings at which plans were being agreed and decisions made has inevitably led us to focus more attention on reason and role work as the most visible and jointly accomplished aspects of ethics work. Other elements are present, including the work of ethical framing and identity work, which are equally important, if less easy to observe directly.

Much discussion of ethics in professional life is at a theoretical level, concerned with articulating and applying ethical theories and principles to practice. Our approach starts with the everyday interactions – the micro-ethics of daily practice – examining how ethical issues are brought into being, constructed and enacted by participants working together. Our

analysis of the community mental health meeting extracts through an ethical lens foregrounds the careful process of negotiation that often occurs in such arenas, making visible the process of ‘slow ethics’ (Gallagher 2013), showing the cumulative development of reasoning, persuading, justifying, disagreeing/agreeing and framing/reframing the issues at stake through turns in conversation.

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